

Overview

Recommendations for the Study Commission on Aging

Approved by the Commission on 4/10/08

Recommendation 1: Senior Center Funds

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$500,000 for FY 08-09 to the Senior Center General Purpose Fund with the intent that it shall become part of the continuation budget.

Recommendation 2: Additional HCCBG Funds

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$2,500,000 to the Department of Health and Human Services for FY 08-09 for the Home and Community Care Block Grant (HCCBG).

Recommendation 3: Funds for Project C.A.R.E.

The Study Commission on Aging recommends that the General Assembly appropriate \$500,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 08-09 to fund Project C.A.R.E. (Caregiver Alternatives to Running on Empty) which provides support to individuals with dementia and their caregivers.

Recommendation 4: Adult Protective Services Pilot Program

The Study Commission on Aging recommends that the General Assembly appropriate \$1,497,087 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 08-09 to enact the first year of a two-year pilot program to assess proposed changes to the adult protective services statutes and to report to the Study Commission on Aging on the evaluation of the pilot by March 1, 2010.

Recommendation 5: Statewide Aging Study

The Study Commission on Aging recommends support for a comprehensive, five-year statewide study of the older adult population and the State's readiness to respond to the coming wave of older adults by recommending that the General Assembly take the following steps: establish an appointment process for a steering committee; appropriate \$175,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for the establishment of two positions to support the work of the study; appropriate \$3,820,000 to the Division of Aging and Adult Services for FY 08-09, to fund the first year of the study; and direct the Department of Health and Human Services, Division of Aging and Adult Services, to make annual reports to the General Assembly on the status of the study.

Recommendation 6: Adult Care Home Residents

The Study Commission on Aging recommends that the General Assembly appropriate \$1,764,000 for FY 08-09 to the Department of Health and Human Services, Division of Medical Assistance, for development of the PASARR Level II assessment which is a face-to-face mental health evaluation for adult care home residents, or potential residents, that are referred for this level of evaluation; to appropriate \$580,000 to support assessment and service plan development for each resident; and to appropriate \$567,084 for FY 08-09 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, to fund three (3) geographically diverse Transitional Residential Treatment Program pilot sites, which shall begin in January 2009. Additionally, the Department of Health and Human Services, Division of Health Service Regulation, Division of Medical Assistance, and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall work with adult care home providers to build on recent studies to determine the most appropriate and cost effective way to provide training to adult care home employees by tailoring the training to resident assessment results and utilizing web-based formats as appropriate, and to provide an interim report to the Study Commission on Aging by November 1, 2008, and a final report by November 1, 2009.

Recommendation 7: Support for a Reward System for Adult Care Homes with High Ratings

The Study Commission on Aging expresses support for the creation of a reward system for adult care homes that achieve high ratings and at the appropriate time, the Commission anticipates supporting the concepts outlined in the Department's report on S.L. 2007-544, Section 3(d). *(No Bill Needed at this time.)*

Recommendation 8: Support for Respite Care

The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Aging and Adult Services, to study the adequacy of service standards and funding for group respite services, and whether opportunities exist to streamline and enhance the provision of respite services; and to direct the Department of Health and Human Services, Division of Medical Assistance, to study the feasibility of providing respite care as a State Plan Service, the Department shall provide a report on both issues to the Commission on Aging by November 1, 2009.

Recommendation 9: Study Older Adult Hearing Loss

The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to study the current and anticipated impact of hearing loss on North Carolina's older adult population; the availability and access to qualified professionals for treatment and hearing aid purchase assistance for low income individuals; to develop an inventory of the technology available to assist individuals; and to evaluate resources and programs available in other states, with a report to the Study Commission on Aging by November 1, 2008.

Recommendation 10: Criminal Background Checks for Nursing Home Administrators

The Study Commission on Aging recommends that the General Assembly enact legislation to give the North Carolina Board of Nursing Home Administrators the authority to require a criminal history record check for nursing home administrator license applicants.

Recommendation 11: Support Guardianship Study Recommendations

The Study Commission on Aging recommends that the General Assembly enact legislation to authorize the Division of Motor Vehicles to consider recommendations from the clerk of court in determining drivers license revocation of an incompetent individual, and to raise the ceiling on the amount of personal property a guardian is allowed to sell without court order, which are both based on recommendations from the House Study Committee on State Guardianship Laws to the 2007 General Assembly.

Recommendation 12: Study Safe Transport of Passengers in Wheelchairs

The Study Commission on Aging recommends that the General Assembly enact House Bill 93, Transport of Individuals in Wheelchairs Study, as it directs the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs, to develop guidelines for the installation and use of wheelchair tie-down systems, and to report findings and recommendations to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee. (House Bill 93 is currently in the Senate Committee on Transportation and was a recommendation to the 2007 General Assembly from the Study Commission on Aging.) *(Existing Bill)*

Recommendation 13: Study Medically Needy Income Standard

The Study Commission on Aging recommends that the General Assembly enact House Bill 92, Medicaid Income Limits Level Study, as it requires the Department of Health and Human Services, Division of Medical Assistance, to study the medically needy income standard and determine the best method of increasing the standard while providing improved consistency across long-term care settings and report to the Study Commission on Aging. (House Bill 92 is currently in Senate Appropriations and was a recommendation to the 2007 General Assembly from the Study Commission on Aging.) *(Existing Bill)*

Background for Recommendations for the Study Commission on Aging

4/10/08

Recommendation 1: Senior Center Funds

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The Study Commission on Aging recommends that the General Assembly appropriate an additional \$500,000 for FY 08-09 to the Senior Center General Purpose Fund with the intent that it shall become part of the continuation budget.

Background 1: Senior Center Funds

During 2007, the Study Commission on Aging recommended that the General Assembly appropriate an additional \$500,000 for FY 07-08 and \$500,000 for FY 08-09 to the Senior Center General Purpose fund to provide additional support for Senior Centers. The Health and Human Services Conference Report for S.L. 2007-323 (HB 1473) contained \$200,000 in non-recurring funding for FY 07-08 for the Senior Center General Purpose Fund.

Increasing senior center funds generally, or specifically making the FY 2007-2008 increase recurring, were the most frequently mentioned items during the Wilson public hearing on March 6, 2008. Increasing senior center funding was the second most frequently mentioned item during the February 28, presentations to the Commission by organizations representing older adults. It was listed as a priority by the Governor's Advisory Council on Aging, and the Senior Tar Heel Legislature, among others.

Services offered through senior centers include: health and wellness programs, arts and humanities, intergenerational programs, employment assistance, transportation services, and volunteer opportunities. The National Institute of Senior Centers defines a senior center as a, "place where older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community."

The Division of Aging and Adult Services reports that there are currently 164 recognized senior centers in North Carolina. Primary sources of funding are: 1) the Home and Community Care Block Grant, 2) local government, and 3) the State's Senior Center General Purpose and Outreach Funds.

The State supports senior centers by funding the Senior Center Outreach and General Purpose funds. The Senior Center General Purpose fund was initiated in 1997 and is used for any purpose that supports operations or development including: equipment purchases/repairs, building maintenance, supplies, administrative costs, activities, and construction.

The State appropriation for the 2007-08 FY is \$1,465,316 for Senior Center General Purpose funding and \$100,000 for Senior Center Outreach. An additional 25% local cash or in-kind match is required for receipt of State funds. For FY 2007-08, Senior Centers received a \$200,000 increase in General Purpose funds on a non-recurring basis.

Senior Centers receive funding in "shares" – one share for Uncertified Centers (108 centers), two shares for Centers of Merit (8 centers), and three shares for Centers of Excellence (48 centers). The State allocation distribution for the 2007-2008 FY is: \$5,467 for Uncertified Centers, \$10,936 for Centers of Merit, and \$16,404 for Centers of Excellence.

Recommendation 2: Additional HCCBG Funds

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The Study Commission on Aging recommends that the General Assembly appropriate an additional \$2,500,000 to the Department of Health and Human Services for FY 08-09 for the Home and Community Care Block Grant (HCCBG).

Background 2: Additional HCCBG Funds

Increasing Home and Community Care Block Grant (HCCBG) Funds was the issue mentioned most frequently during the February 28, presentations to the Commission by organizations representing older adults, and the second most frequently mentioned item at the public hearing in Wilson on March 6. Eight (8) of the 21 organizations that spoke on February 28, supported increasing HCCBG Funds including the Governor's Advisory Council on Aging and the Senior Tar Heel Legislature, among others.

In 2007, the Study Commission on Aging recommended the General Assembly appropriate an additional \$5,000,000 to the Department of Health and Human Services for FY 07-08 and \$5,000,000 for FY 08-09 for the Home and Community Care Block Grant (HCCBG). The Health and Human Services Conference Report for S.L. 2007-323 (HB 1473) contained \$536,000 in recurring funding for FY 07-08 and FY 08-09.

The HCCBG, established by G.S.143B-181.1(a)(11), is the consolidation of several funding sources (i.e., the Older Americans Act, the Social Services Block Grant in support of respite care, portions of the State In-Home and Adult Day Care funds, and other relevant State appropriations). The HCCBG includes federal funds, State funds, local funds, and a consumer contribution component. It gives counties discretion, flexibility, and authority in determining services, service levels, and service providers; and streamlines and simplifies the administration of services.

With input from older adults, County Commissioners approve an annual funding plan that defines services to be provided, the funding levels for these services, and the community service agencies to provide these services. Counties can select from among 18 eligible services including: Adult Day Care, Adult Day Health Care, Care Management, Congregate Nutrition, Group Respite, Health Promotion and Disease Prevention, Health Screening, Home Delivered Meals, Housing and Home Improvement, Information and Assistance, In-Home Aide, Institutional Respite Care, Mental Health Counseling, Senior Center Operations, Senior Companion, Skilled Home (Health) Care, Transportation, and Volunteer Program Development. Counties decide which services to provide, however congregate nutrition and home-delivered meals are provided in almost every county under the HCCBG.

Any person age 60 and older is eligible for services under the HCCBG. Although, the HCCBG program places an emphasis on reaching those most in need of services. The Older Americans Act (OAA), a funding source in the HCCBG, gives priority to serving the "socially and economically needy" and focuses particular attention on the low income minority elderly and on older individuals residing in rural areas. Additionally, the OAA calls for reaching out to older individuals with severe disabilities, limited English-speaking ability, and Alzheimer's disease or related disorders and caregivers of these individuals.

The focus of the HCCBG is to support the frail elderly that are cared for at home; improve and maintain the physical and mental health of older adults; assist older adults and their caregivers with accessing services and information; provide relief to family caregivers so that they can continue their caregiving; and allow older adults to remain actively engaged with their communities.

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Background 3: Funds for Project C.A.R.E.

Providing funding for Project C.A.R.E. (Caregiver Alternatives to Running on Empty) was the third most frequently mentioned item during the February 28, presentations to the Commission by organizations representing older adults. The Governor's Advisory Council and the Senior Tar Heel Legislature both mentioned this item as a legislative priority for their organizations.

In 2007, the Study Commission on Aging recommended that the General Assembly appropriate \$500,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 07-08, and \$500,000 for FY 08-09, to fund Project C.A.R.E. which provides support to individuals with dementia and their caregivers. In response to this recommendation, SB 165 and HB 96 were introduced during the 2007 Session and referred to Appropriation Committees, but did not receive further action.

A statistical abstract, "[2008 Alzheimer's Disease Facts & Figures](#)," of US data on Alzheimer's disease published by the Alzheimer's Association recently reported that it is anticipated that between 2000 and 2010, North Carolina will experience a 31% increase in the number of people age 65+ with Alzheimer's disease. According to the report, in 2007, there were 311,578 Alzheimer/dementia caregivers providing 268,953,971 hours of unpaid care per year with an economic value of \$2,845,533,016. The report notes that in 2005, Alzheimer's disease was the seventh-leading cause of death for people of all ages and the fifth-leading cause of death for people age 65 and over.

The Commission heard a presentation on Project C.A.R.E. during the meeting on February 28, 2008. The goal of Project C.A.R.E. is to increase quality, access, choice, and use of respite and support services to low-income rural and minority families caring for a person with dementia at home or within a hospital setting. The program is administered through the Division of Aging and Adult Services with assistance from the Duke Aging Center Family Support Program. A Project C.A.R.E. in-home visit: assesses the family care environment; identifies the needs and preferences of both the caregiver and the person with dementia; facilitates discussion and mutual understanding among family members; connects the family with community resources; and ensures the provision of quality respite care and support services.

Project C.A.R.E. began with the Alzheimer's Association, Western Chapter, in 2001. Funding thus far has been provided by the U.S. Administration on Aging's Alzheimer's Disease Demonstration Grants, leveraged through grants provided by private foundations, and supplemented by Family Caregiver Support Programs. Initially, the program served six (6) counties. There are currently three (3) Project CARE pilot sites set up to serve 14 counties: Charlotte (Mecklenburg County); Winston-Salem (Forsyth, Surry, and Stokes); and Asheville (Polk, Henderson, Transylvania, Rutherford, Madison, McDowell, Buncombe, Haywood, Jackson, and Swain). The program received national recognition as a model and best practice in 2004 and 2005. Grant funding is no longer an option for this particular program and State funding is needed to continue the program.

The total budget for the program is \$433,333, which includes a 25% local match. The federal funding portion of that total is \$325,000 and will end June 30, 2008. The Department of Health and Human Services, Division of Aging and Adult Services, needs \$500,000 to sustain Project C.A.R.E. activities in 14 western and piedmont counties. If \$500,000 is appropriated, there would be a 25% matching requirement in the amount of \$166,666, for total funds amounting to \$666,666. It is anticipated that the level of local interest and current activity in services in the 14-county area will yield sufficient funding to meet matching requirements. A possible advantage to this appropriation is that if the State funds the existing program infrastructure and service capacity, North Carolina may be eligible to receive grants to replicate Project C.A.R.E. in Eastern North Carolina, moving toward the ultimate goal of statewide expansion.

Recommendation 4: Adult Protective Services Pilot Program

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The Study Commission on Aging recommends that the General Assembly appropriate \$1,497,087 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 08-09 to enact the first year of a two-year pilot program to assess proposed changes to the adult protective services statutes and to report to the Study Commission on Aging on the evaluation of the pilot by March 1, 2010.

Background 4: Adult Protective Services Pilot Program

Support for Adult Protective Services/Enact and Fund the Adult Protective Services (APS) Clearinghouse Model Pilot was the fourth most frequently mentioned item during the organization presentations on February 28, and was the fifth most frequently mentioned item during the public hearing on March 6.

In 2007, the Study Commission on Aging recommended that the General Assembly appropriate \$1,492,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 07-08 and \$1,930,000 for FY 08-09 to enact a pilot program to assess proposed changes to the adult protective services statutes and to report on the evaluation of the pilot by March 1, 2009. In response to this recommendation, HB 198 and SB 108 were introduced and referred to Appropriations Committees, but no further action was taken.

S.L. 2005-23 directed the Adult Protective Services (APS) Task Force to collaborate with stakeholders and others interested in improving APS and to report those findings to the Study Commission on Aging and the House Study Committee on Guardianship Laws. The APS Clearinghouse Model: NC's System of Protection, is the product of a collaborative effort among the Division of Aging and Adult Services, the NC Association of County Directors of Social Services, representatives from the Attorney General's office, stakeholders, and other interested parties. The goals of the APS Clearinghouse Model are to: increase North Carolina's ability to reach out to citizens to offer voluntary services; enable North Carolina to respond to high risk situations before harm occurs and provide the opportunity to assist older adults who are victimized, but not incapacitated; allow APS to intervene before the adult's health deteriorates to life-threatening levels; and allow APS to provide information and services to a greater number of adults.

Exploring feasibility of the APS Clearinghouse Model requires implementation of a pilot. The pilot will require funding for staff in county departments of social services to carry out the pilot, and funding for three (3) staff positions in the Division of Aging and Adult Services (DAAS) to plan and conduct the pilot. The total budget for the APS Pilot in FY 08-09 is \$1,497,087, broken down as follows: \$1,212,805 for county staff (24.103 FTEs for 9-months), \$159,532 for DAAS staff (3.0 FTEs for 9-months), \$18,000 for public education, \$6,750 for essential services, and \$100,000 for evaluation of the pilot. An additional \$1,930,107 is needed for FY 09-10 which would be utilized for the following: \$1,617,308 for county staff, \$188,049 for DAAS staff, \$18,000 for public education, and \$6,750 for essential services and \$100,000 for evaluation of the pilot.

Recommendation 5: Statewide Aging Study

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The Study Commission on Aging recommends support for a comprehensive, five-year statewide study of the older adult population and the State's readiness to respond to the coming wave of older adults by recommending that the General Assembly take the following steps: establish an appointment process for a steering committee; appropriate \$175,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for the establishment of two positions to support the work of the study; appropriate \$3,820,000 to the Division of Aging and Adult Services for FY 08-09, to fund the first year of the study; and direct the Department of Health and Human Services, Division of Aging and Adult Services, to make annual reports to the General Assembly on the status of the study.

Background 5: Statewide Aging Study

S.L. 2007-355, Section 1, required several divisions within the Department of Health and Human Services to study programs and services for older adults in Brunswick, Buncombe, Gaston, Henderson, Moore, and New Hanover Counties. These counties currently have, or are projected by 2030 to have, the largest numbers of individuals age 60+ when compared to individuals age 17 and younger.

Since growth projections for the age 60+ population are anticipated to increase overall in North Carolina, S.L. 2007-355, Section 2, required the Division of Aging and Adult Services to make a recommendation on a study to include all counties in North Carolina. The Division was required to evaluate similar studies conducted by other states and to make recommendations on the criteria that should be included and an appropriate funding level for a study to include all North Carolina counties. On January 24, 2008, the Division made a report to the Commission on a statewide study.

The report recommends the establishment of a steering committee to: oversee the design and implementation of a consumer needs assessment and an expectations assessment; oversee the design and implementation of the State and local awareness and preparedness assessment; identify the need for and to obtain additional studies to supplement the information needed for comprehensive planning; produce reports for the Governor and General Assembly to guide policy and program development based on the findings of the assessments and studies; and to identify action needed to ready North Carolina for its growing older adult population. The Committee would be appointed by the General Assembly and the Governor.

The report recommends two positions to support the steering committee: a Human Services Planner/Evaluator IV (pay grade 74), and an Administrative Assistant III (pay grade 67). The cost for these positions is \$175,000.

The use of a consumer survey is recommended in years one and four for design, implementation, analysis, and reporting associated with conducting a survey of consumer needs, assets, and expectations. The anticipated cost is \$200,000 for FY '08-'09 and \$175,000 for FY '11-'12. (It is anticipated that there would be some savings in survey design the second year.) The report recommends funds for design, implementation, analysis and reporting associated with conducting a survey of state and local governments at a cost of \$75,000 in FY 08-09, FY10-11 and FY 12-13. Additionally, the report recommends \$75,000 per year to secure the services of consultants to conduct special studies and otherwise support the work of the steering committee.

With regard to support for program services, the report recommends:

- \$1,470,000 per year to strengthen the capacity of Area Agencies on Aging (AAA) for support of regional and local planning (this includes restoring the \$270,000 in recurring AAA State support reduced in 2001, and adding a position at each AAA to facilitate regional and community planning for aging at a cost of \$1,200,000 per year (which would total \$1.6 million with a 25% match participation rate)).
- Awarding \$20,000 to each county to aid the work of citizen-driven local aging leadership planning teams for a total cost of \$2,000,000 per year.

Recommendation 6: Adult Care Home Residents

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The Study Commission on Aging recommends that the General Assembly appropriate \$1,764,000 for FY 08-09 to the Department of Health and Human Services, Division of Medical Assistance, for development of the PASARR Level II assessment which is a face-to-face mental health evaluation for adult care home residents, or potential residents, that are referred for this level of evaluation; to appropriate \$580,000 to support assessment and service plan development for each resident; and to appropriate \$567,084 for FY 08-09 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, to fund three (3) geographically diverse Transitional Residential Treatment Program pilot sites, which shall begin in January 2009. Additionally, the Department of Health and Human Services, Division of Health Service Regulation, Division of Medical Assistance, and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall work with adult care home providers to build on recent studies to determine the most appropriate and cost effective way to provide training to adult care home employees by tailoring the training to resident assessment results and utilizing web-based formats as appropriate, and to provide an interim report to the Study Commission on Aging by November 1, 2008, and a final report by November 1, 2009.

Background 6: Adult Care Home Residents

S.L. 2007-156 (SB 164) directed the Department of Health and Human Services to study rules and regulations regarding housing individuals with mental illness in the same facility vicinity as individuals without mental illness, and to recommend staff training requirements for direct care workers in adult care homes to provide appropriate care to residents with mental illness.

On March 28, 2008, the Commission heard a presentation of the report prepared in response to S.L. 2007-156. The report provides an overview of how eight (8) other states handle placement of mentally ill individuals in assisted living/adult care home facilities; information on the limited use of adult care home special care units for residents with mental health disorders; revisions to staffing rules; recommendations and cost figures on the screening, assessment, and the provision of services to mentally ill individuals in adult care homes; and proposed training recommendations and associated costs.

The report indicates the percentage of residents with mental illness as compared to the total number of residents. The report indicates that family care homes (facilities with six or fewer beds) had in the following years, the percentage of adults with mental illness: 2002 = 38.1%, 2003 = 52.7%, 2004 = 60%, 2005 = 44.4%, 2006 = 45.5%, and 2007 = 46.3%. Adult care homes (seven or greater beds) had in the following years, the percentage of adults with mental illness: 2002 = 18.2%, 2003 = 27.7%, 2004 = 30.8%, 2005 = 20.2%, 2006 = 20.2%, and 2007 = 19%.

The report provides a process to assess and provide care to meet the needs of adult care home residents, especially mentally ill residents. The key first step to providing care is to assess the type of care needed through the implementation of screening and assessment programs. Currently a physician designates the appropriate level of care for a potential resident using the FL-2 form. The Department has developed the Medicaid Uniform Screening Tool (MUST, Level I) which is anticipated to replace the FL-2 form in September 2008. If the MUST screening determines that additional mental health assessment is needed, the individual would be referred for the PASARR, Level 2 Assessment. The PASARR Level 2 Assessment will determine whether the individual needs a specialized mental health service. According to the report, if a PASARR Level 2 assessment indicates that specialized mental health services are needed, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) will be notified and service needs will be communicated to the Local Management Entity (LME). The LME will then contact the individual. The Department estimates the PASARR Level II costs for FY '08-09 as \$1,764,000 and \$281,840 on a recurring basis.

The report outlines the need for \$580,000 to develop and automate a comprehensive assessment and care plan system for residents in adult care homes. This assessment, care planning, and training system is being developed through VieBridge, Inc. with funding from the North Carolina Association Long Term Care Facilities (NCALTCF). The NCALTCF and the Department of Health and Human Services, Divisions of Health Service Regulation and Medical Assistance, have worked in a collaborative arrangement on this system. The funding would be used to support the assessment and care planning system for adult care

home residents and statewide implementation is anticipated January 1, 2009.

The report provides information on development of Transitional Residential Treatment Programs. This new type of 6-bed residential facility would provide 24-hour residential treatment and rehabilitation of adults who have a pattern of difficult behaviors related to mental illness which exceed the capabilities of traditional community residential settings. The Department would like to pilot three (3) sites at an annual cost of \$378,056/site and anticipates being able to utilize funds beginning in January 2009. This would require an appropriation of \$567,084 for FY 2008-2009 ($\$378,056 \times 3 = \$1,134,168 / 2 = \$567,084$.)

The report outlines three layers of training: Two (2) hours of Basic Orientation training for all facility staff; Twelve (12) hours of Specialized (Phase Two) Training for aides and direct supervisors of all facilities serving one or more persons with mental illness; and four (4) hours of Annual Training for aides and direct supervisors of all facilities serving one or more persons with mental illness. An annual cost of \$4,500,00 was provided for the training.

The report also suggests the following to take place after screening and assessment: \$334,000 for PASAAR Level II assessments to determine specialized mental health care needs and \$14,860,000 to develop capacity to care for adult care home residents needing mental health services.

Recommendation 7: Support for a Reward System for Adult Care Homes with High Ratings

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The Study Commission on Aging expresses support for the creation of a reward system for adult care homes that achieve high ratings and at the appropriate time, the Commission anticipates supporting the concepts outlined in the Department's report on S.L. 2007-544, Section 3(d). *(No Bill Needed at this time.)*

Background 7: Support for a Reward System for Adult Care Homes with High Ratings

In response to recommendations from the Study Commission on Aging, S.L. 2007-544 (SB 56) was enacted and Section 3 contained provisions related to a rating system for adult care homes. Section 3(d) required the Department of Health and Human Services to study the structure and cost of a system to reward adult care homes that receive high ratings and to report findings and recommendations to the Study Commission on Aging no later than March 1, 2008.

On March 28, 2008, the Commission heard the report on the structure and cost of a system to reward adult care homes receiving high ratings. The report recommended a system modeled after the grant program for nursing homes that is funded on civil monetary penalties. According to the report, the program for nursing homes, which was started in 1996, has been a highly successful, cooperative effort among regulators, providers, advocates, and others to make facilities better places for residents to live and better places for employees to work. Under North Carolina law, fines collected from adult care homes are transferred to local education agencies and therefore, the General Assembly would have to appropriate funds for the reward system for adult care homes.

The report recommends that an adult care homes that achieves a 4 Star Rating (100 points or higher on two consecutive annual surveys by the Division of Health Service Regulation) would receive a high rating and therefore eligible for the reward. The Star Rating System is effective January 2009, thus January 2010 would be the first time facilities might be eligible for rewards, assuming a score of 100 points during the 2009 cycle and during the 2010 cycle. The Department also requested an administrative officer position at a cost of \$50,000, to coordinate and administer the grants in response to decisions made by a Grant Committee consisting of adult care home stakeholders including provider representatives, advocates, Division of Health Service Regulation staff, and others. As such, the estimated costs for this reward system are \$300,000 for FY 2009-2010 (\$250,000 for rewards and \$50,000 for the position) and \$550,000 for FY 2010-2011.

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The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Aging and Adult Services, to study the adequacy of service standards and funding for group respite services, and whether opportunities exist to streamline and enhance the provision of respite services; and to direct the Department of Health and Human Services, Division of Medical Assistance, to study the feasibility of providing respite care as a State Plan Service, the Department shall provide a report on both issues to the Commission on Aging by November 1, 2009.

Background 8: Support for Respite Care

S.L. 2007-39 directed the Department of Health and Human Services to study the availability and delivery of respite care. On March 28, 2008 the Commission heard a presentation on the Department's report. The Department reported that there is a need for respite care and that the provision of respite care is important for the State from an economic perspective. The report provided an overview of the various respite programs available in North Carolina as well as information on programs in other states. One of the issues noted was the fragmentation of services both in North Carolina and other states. The fragmentation is due to varying eligibility criteria, target client populations, regulatory requirements, programs, and funding streams. The report suggested that, "While the fragmentation makes respite care more difficult to administer, it does provide for the needs of a diverse population." Four model programs for respite care are defined in the report: Project C.A.R.E, Jackson County Family Resource Center, A Small Miracle, Inc. and Senior Companion Respite Program.

The report indicated that the study group did not see a need for separate statutory language for respite care, but believed that consistent state funding was needed under the existing systems. The study group agreed that respite care delivery could be enhanced if Medicaid included respite as a State Plan Service. The report stated that, a respite service, defined as an Optional Medicaid State Plan Service, should be offered to all who qualify, regardless of where the recipient lives or the recipient's diagnosis, and should be based on needs. Further, the report suggested the State may limit the definition, duration, and scope, and that an assessment of caregiver capability was integral to the process. The report indicated that the Division of Medical Assistance would pursue an internal review of this option.

Recommendation 9: Study Older Adult Hearing Loss

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The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to study the current and anticipated impact of hearing loss on North Carolina's older adult population; the availability and access to qualified professionals for treatment and hearing aid purchase assistance for low income individuals; to develop an inventory of the technology available to assist individuals; and to evaluate resources and programs available in other states, with a report to the Study Commission on Aging by November 1, 2008.

Background 9: Study Older Adult Hearing Loss

On April 10, 2008, the Commission heard a presentation from the Department of Health and Human Services on hearing loss for older adults. Based on NC demographic information, the Department of Health and Human Services, Division of Services for the Deaf and the Hard of Hearing, estimated "the current hearing loss population among senior adults to be 166,420 for ages 65-74 with a projected increase in 2030 to 342,897. For senior adults ages 75 and up, current numbers indicate 207,483 persons with hearing loss and a projected increase to 438,801 for the year 2030." Although hearing loss occurs at all ages, the Department shared that the National Institute on Deafness and Other Communication Disorders (NIDCD) reports that one (1) out of every three (3) persons by age 65 has some form of hearing loss. The Department's report highlighted a lack of readily-available and accurate information on the impact, treatment, and adaptive technology options for individuals with hearing loss. The lack of information is compounded by the often gradual loss of hearing. The Department pointed out the following issues faced by older adults with hearing loss:

- 1) "Hearing Aids and Limited Insurance Coverage- One of the first challenges that the hard of hearing person faces is the cost of hearing aids. These devices can often cost several thousand dollars and are rarely covered by any insurance. Generally neither Medicare nor NC Medicaid offer hearing aid coverage for adults. North Carolina along with bordering states of Virginia, Kentucky, South Carolina, Georgia, and Tennessee are in the list of 16 states that do not provide this coverage. In addition, there is virtually no insurance coverage for hearing aids in North Carolina.
- 2) Many people report difficulty finding a trustworthy professional to assist them with hearing aids. The lack of a 30-day mandated trial period for hearing aids in North Carolina, one of 14 states without such a policy, instills in some individuals this lower level of trust toward the hearing health care professional.
- 3) A myriad of emotional responses resulting from difficulties in communicating often lead to increased mental health concerns for senior adults. Better Hearing Institute reports that hearing loss, particularly in older individuals not using hearing aid or assistive devices, has been directly linked to short-term memory loss, fatigue, anxiety and depression.
- 4) Among senior adults, hearing loss is one of the most prevalent and chronic, but treatable, disabling condition. Hearing loss is ranked third, only behind arthritis and hypertension. Hearing loss has also been linked to lower incomes—on average, those with hearing loss but do not wear hearing aids earn up to \$12,000 per year less than peers using hearing aids."

Recommendation 10: Criminal Background Checks for Nursing Home Administrators

Recommendation 10: Criminal Background Checks for Nursing Home Administrators

The Study Commission on Aging recommends that the General Assembly enact legislation to give the North Carolina State Board of Examiners for Nursing Home Administrators the authority to require a criminal history record check for nursing home administrator license applicants.

Background 10: Criminal Background Checks for Nursing Home Administrators

G.S. 131E-265 provides that an offer of employment by a nursing home to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a criminal history record check of the applicant.

G.S. 90-278 gives the NC State Board of Examiners for Nursing Home Administrators the authority to issue licenses to qualified persons as nursing home administrators. Therefore, a criminal record background check is not required for nursing home administrators because they have an occupational license.

On April 10, 2008, the Commission heard a presentation on this issue by the NC State Board of Examiners for Nursing Home Administrators.

Recommendation 11: Support Guardianship Study Recommendations

Recommendation 11: Support Guardianship Study Recommendations

The Study Commission on Aging recommends that the General Assembly enact legislation to authorize the Division of Motor Vehicles to consider recommendations from the clerk of court in determining drivers license revocation of an incompetent individual, and to raise the ceiling on the amount of personal property a guardian is allowed to sell without court order, which are both based on recommendations from the House Study Committee on State Guardianship Laws to the 2007 General Assembly.

Background 11: Support Guardianship Study Recommendations

The House Study Committee on State Guardianship Laws was established by the Speaker of the House on February 17, 2006. The Committee was directed to submit a final report on the results of its study on or before December 31, 2006.

In the final report, Finding 6 indicates that the Committee found that guardians currently have the authority to sell up to \$1,500 worth of personal property without a court order in order to meet the monetary needs of the ward. The Committee further found that the amount of a ward's personal property that guardians are allowed to sell is outdated and insufficient. As a result, the House Study Committee on State Guardianship recommended that the total amount of personal property that can be sold without a court order be increased to \$15,000. In response to this recommendation, House Bill 794 was introduced. A Committee Substitute for House Bill 794 received a favorable report in the House Committee on Aging and was referred to House Judiciary II. It was not heard in House Judiciary II and House Bill 794 is not eligible for consideration during the 2008 Session.

In the final report, Finding 7 indicates that the Committee on State Guardianship Laws found it unnecessary for the Division of Motor Vehicles to automatically revoke the drivers license of an individual who has been declared incompetent. The Committee recommended that the Division of Motor Vehicles be authorized to not automatically revoke the drivers license of an incompetent if the clerk of superior court recommends the incompetent be allowed to retain the drivers license. In response to this recommendation, House Bill 796 was introduced. House Bill 796 received a favorable report in the House Committee on Aging and was referred to House Judiciary II. It was not heard in House Judiciary II and House Bill 796 is not eligible for consideration during the 2008 Session.

On April 10, the Commission heard a presentation on guardianship and on the issues surrounding an increase in the amount of a ward's personal property that a guardian can sell, and on the automatic revocation of the driver license of an incompetent.

Recommendation 12: Study Safe Transport of Passengers in Wheelchairs

Recommendation 12: Study Safe Transport of Passengers in Wheelchairs

The Study Commission on Aging recommends that the General Assembly enact House Bill 93, Transport of Individuals in Wheelchairs Study, as it directs the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs, to develop guidelines for the installation and use of wheelchair tie-down systems, and to report findings and recommendations to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee. (House Bill 93 is currently in the Senate Committee on Transportation and was a recommendation to the 2007 General Assembly from the Study Commission on Aging.) *(Existing Bill)*

Background 12: Study Safe Transport of Passengers in Wheelchairs

The Study Commission on Aging recommended that the 2007 General Assembly direct the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs, to develop guidelines for the installation and use of wheelchair tiedown systems, and to report findings and recommendations to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee. House Bill 93 and Senate Bill 57 were introduced. House Bill 93 was referred to the Senate Committee on Transportation on 3/13/2007 and is still eligible for consideration during the 2008 Session.

This recommendation to the 2007 Session was based on a wheelchair transportation safety restraints presentation made to the Commission on 11/15/06. During the presentation, the Commission learned that transportation of passengers seated in wheelchairs within motor vehicles is a relatively new experience and that while certified passenger restraint systems are mandated for adults and children seated in vans, there is no law regulating restraint systems for persons seated in wheelchairs. The presentation pointed out that the majority of incidents involving persons transported in wheelchairs occur during ordinary driving maneuvers without a collision. Statistical tabulations often omit these events since police are rarely summoned and the injured are driven for medical care by the vehicle operator. However, the Division of Facility Services tabulates incident reports filed by nursing homes which yields the following insights: 1) problems occur despite well-intentioned efforts to secure the chairs and apply restraints; 2) van operators lack knowledge that wheelchairs must be specifically designed for use in vehicles, restraint systems must be properly attached to the chair, and restraint systems must be properly applied to the passenger seated in the chair; 3) and finally, the situation resembles that of child safety restraints.

The report distributed to the Commission included letters from the following entities expressing support for exploring the safe transport of individuals in wheelchairs: The University of North Carolina Highway Safety Research Center, NC Health Care Facilities Association, AARP of North Carolina, NC Coalition on Aging, the Governor's Advisory Council on Aging, and the Senior Tar Heel Legislature.

The presentation offered the following solutions from research by the University of Michigan Traffic Research Institute:

- 1) Whenever possible, transfer the rider to a seat and use the seatbelt.
- 2) If transfer to a seat is not possible, use a wheelchair and tiedown system that protects the occupant.
 - a. Use a Transit Wheelchair (WC/19 compliant) with securement points for tiedown straps, arm rests that permit the lap belt to cross the pelvis and a shoulder strap to cross the chest.
 - b. Secure the wheelchair to the vehicle with four tiedown straps.
 - c. Apply both lap and shoulder belts to the rider. The seatbelt must fit snugly cross the pelvis and be anchored at a 45 degree angle on each side. The shoulder strap must be in contact with the middle of the chest and shoulder and it must avoid contact with the neck.

Recommendation 13: Study Medically Needy Income Standard

Recommendation 13: Study Medically Needy Income Standard

The Study Commission on Aging recommends that the General Assembly enact House Bill 92, Medicaid Income Limits Level Study, as it requires the Department of Health and Human Services, Division of Medical Assistance, to study the medically needy income standard and determine the best method of increasing the standard while providing improved consistency across long-term care settings and report to the Study Commission on Aging. (House Bill 92 is currently in Senate Appropriations and was a recommendation to the 2007 General Assembly from the Study Commission on Aging.) *(Existing Bill)*

Background 13: Study Medically Needy Income Standard

The Study Commission on Aging recommended that the 2007 General Assembly direct the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs, to develop guidelines for the installation and use of wheelchair tiedown systems, and to report findings and recommendations to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee. House Bill 92 and Senate Bill 110 were introduced. House Bill 92 was referred to the Senate Committee on Appropriations on 3/14/2007 and is still eligible for consideration during the 2008 Session.

This recommendation to the 2007 Session was based on presentations to the Commission on the Medicaid Institutional Bias Study. The study was mandated by Section 10.3 of S.L. 2004-124 for the purpose of identifying any bias that favors support for individuals in institutional settings over support for individuals living at home.

In response to a Commission recommendation, S.L. 2006-110 was enacted and required the Department of Health and Human Services to collaborate with providers and advocates of home and community-based long-term care services to review the Institutional Bias Report and make recommendations on ways to address the identified biases. On 12/13/06, the Commission heard a presentation on recommendations to address two of the biases. One of the identified biases stated that medically needy requirements leave little money for persons to pay for living expenses if they prefer to remain in the community, while institutions provide room and board. It was recommended that the medically needy income standard be increased from the current monthly standard of \$242 to a level at least comparable to the national average Supplemental Security Income (SSI). The Department reported that there was consensus among stakeholders that while this is an important goal for NC, it should not be at the expense of adequate funding for the existing service system. It was recommended that stakeholder concern about financial feasibility could be addressed by studying whether Medicaid can cover some, rather than all, services and the consideration of a phased adjustment of the standard over time.

(On February 9, 2006, in response to a request, the Commission received a memo from the Division of Medical Assistance indicating the medically needy income limits by state in 2002. This information indicated that NC had the seventh lowest rate and that the average rate was \$416.)